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Approval for ongoing charges to a credit card or EBT card

There are many reasons a person may prefer to have an automatic electronic payment number on file for payments for any services, co-insurance fees, copayments, or deductibles not covered by insurance. Some find it more convenient, by saving time during psychotherapy visits, avoiding having to manage a bill, creating an automatic electronic paper trail of health care spending, or to directly bill a health savings account or a third party (such as a parent or trust). This approval for electronic charges is an approval for the form of fee collection to be used. If the account does not provide payment (such as when you may have already depleted your health savings account or the card has expired) you are still responsible for payment of the bill.

You may also make an electronic payment at any session at my office by personal checks, cash, or a swipe of your card, without any need to place your card information on record with me. If you are interested in placing your credit card information in my HIPAA compliant, encrypted file, please complete this form. You may cancel this authorization at any time. Please note the card information will be processed through my Square account and the descriptive memo: "NTK Professional Health Svcs" may be displayed on the credit card statement.

Automatic Electronic Payment Authorization

I, _____, voluntarily agree to provide the following credit card, or EBT card information and give approval for Nancy Taylor Kemp, PhD PC to charge the credit/EBT card listed below automatically after each office or telemedicine visit for any co-payments, co-insurance payments, deductibles, or for private payment.

I understand that I can choose to pay by personal check rather than provide my card information.

Electronic Card is: Credit Card Debit card FSA or EBT card (direct health benefits card)

Card company: Master Card Visa Discover

Full name as listed on card: _____

Zip code listed with card company: _____

Credit Card Number: _____ Exp. Date (MM/YY): _____

Security Code (3 or 4 digit): _____ or you leave the security code by voice mail at 541-514-5421.

Name of the client: _____

Signature of the client: _____ Date: _____

If the above is not an "authorized user" of the card, please provide the signature of the account owner below.

Name of credit account holder: _____

Signature of authorized user: _____ Date: _____